

FILED NOV 13 1942

Registration District No. 153

Primary Registration District No. 5574

Registrar's No. 17

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Lee's Summit, Mo.
(If outside city or town limits, write "RURAL")

(c) Name of hospital or institution:
Lake Katawana
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____
(Specify whether)

In this community 5 yr
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Lee's Summit Rural
(If outside city or town limits, write "RURAL")

(d) Street Lake Katawana
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Baltasar Wurm

3. (b) If veteran, name war No

3. (c) Social Security No. 497-14-9032

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alvine Wurm

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Jan - 6 - 1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 19
If less than one day _____ hr. _____ min.

9. Birthplace St. Andree, Austria-Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter + Stone Mason

11. Industry or business Sen Work

12. Name Henry Wurm

13. Birthplace Austria, Hungary
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ringhofer

15. Birthplace Quatha Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alvine Wurm

(b) Address Lee's Summit, Mo. R. 7 Box 1A

17. (a) Burial (b) Date thereof 10-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lee's Summit

18. (a) Signature of funeral director H. B. Langeford

(b) Address Lee's Summit, Mo.

19. (a) Oct. 28, 1942 (b) Mrs. Clifford Hunt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25
year 1942 hour 10:30 minute a M.

21. I hereby certify that I attended the deceased from 10-3 1942 to 10-25, 1942
that I last saw him alive on 10-17, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Pectoris about 6 hrs

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place)

(c) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]

Address Lee's Summit Date signed 10/26/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1160

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
..... working under my personal supervision.

Signed J. B. Longfellow
Licensed Embalmer No. 3833
P. O. Address 1111 Summit St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.